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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	09/890054	FILING DATE
APPLICANT(S)		

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3					1	
4						1
5						
6						1
7			1			
8				1		
9					1	
10					1	
11						1
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41					1	
42				1		
43					1	
44						1
45						1
46						1
47						1
48						1
49						1
50						1
TOTAL IND.			8			
TOTAL DEP.			35			
TOTAL CLAIMS			43			

	*					
	IND.	DEP.	IND.	DEP.	IND.	
	51					
52						
53						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS